

# **ERIE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH WELLNESS VECTOR AND PEST CONTROL PROGRAM**

462 Grider Street Room BB-122  
Buffalo, NY 14215  
716-898-3324

## **Lab Use Only**

SR#: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Closed By: \_\_\_\_\_

## **Tick Identification Request Form**

Collection Information:

In removing and submitting ticks for identification, use the following procedure:

- Carefully remove ticks by grasping them as close to the skin as possible using fine tweezers and pull gently but firmly until they let go.
- Do not squeeze ticks or handle them with your bare hands.
- Place the whole tick in a tightly sealed container labeled with the victims name and collection date.
- Package carefully in a crush-proof container and send to the above address.
- When sending multiple ticks, a separate form must accompany each specimen.

Specimen Sent By	Name:			
	Address:			
	City:	County:	State:	Zip:
	Phone:		Fax:	
Tick Information	Date tick found:	Was the tick attached when found? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If tick was found on a person	Name:		Phone:	
	Address:			
	City:	County:	State:	Zip:
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB or Age:		
	Part of body on which it was found:			
If tick was found on an animal	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other (specify)		Name of Animal:	
	Owner of Animal:		Phone:	
	Address:			
30 day travel history of victim, with dates				
<b>Lab Use Only</b>				
Date rec'd:	Date of ID:	Processed by:		
	Sample condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Identification	Species		Common name	
	<input type="checkbox"/>	<i>Amblyomma americanum</i>	Lone Star Tick	
	<input type="checkbox"/>	<i>Dermacentor variabilis</i>	American Dog Tick	
	<input type="checkbox"/>	<i>Ixodes cookei</i>	Woodchuck Tick	
	<input type="checkbox"/>	<i>Ixodes scapularis</i>	Blacklegged (Deer) Tick	
	<input type="checkbox"/>	<i>Ixodes marxi</i>	Squirrel Tick	
<input type="checkbox"/>	<i>Rhipicephalus sanguineus</i>	Brown Dog Tick		
<input type="checkbox"/>	Other:			
	<input type="checkbox"/> Larva <input type="checkbox"/> Nymph <input type="checkbox"/> Adult	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Degree of Engorgement: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <input type="checkbox"/> 5+			
Comments				
Phone Report to:	Date & Time:			